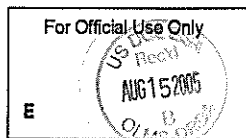


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>6295</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Douglas</u> <u>G</u> <u>Tweedy</u> P.O. Box, Bldg., Room No., if any <u>PO Box 1003</u> Street <u>17135 S. Hallbacka Ln.</u> City <u>Mulino</u> State <u>Oregon</u> ZIP Code + 4 <u>97042-1003</u>	4. Name, file number, and address of labor organization. Name <u>Pacific NW Regional Council of Carpenters</u> Labor Organization File Number <u>540-172</u> P.O. Box, Building and Room Number, if any Street <u>25120 Pacific Highway S, Suite 200</u> City <u>Kent</u> State <u>Washington</u> ZIP Code + 4 <u>98032-5436</u>
5. Position in labor organization. <u>Executive Secretary-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>None</u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>[Signature]</u>	On <u>8/8/2005</u> Date	<u>503-759-3562</u> Telephone Number

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WA-ID-MT Carpenters-Employers Retirement Tru

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 5434

Street 111 W. Cataldo, Suite 110

City Spokane

State Washington ZIP Code + 4 99205-0434

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name same as above

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Trust meetings

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

reimbursement for meeting attendance expense-

8/24/2004	- 189.46
8/31/2004	- 263.30
8/31/2004	- 437.56
12/7/2004	- 160.73

12.b. Amount.

\$1,051

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WA-ID Carpenters-Employers Training Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 5434

Street 111 W. Cataldo, Suite 110

City Spokane

State Washington ZIP Code + 4 99205-0434

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name same as above

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Trust meeting

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

reimbursement for meeting attendance expense -
11/5/2004 - 217.56

12.b. Amount.

\$217

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name WA-ID Carpenters-Employers H & S Trust

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 5434

Street 111 W. Cataldo, Suite 110

City Spokane

State Washington ZIP Code + 4 99205-0434

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name same as above

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Health & Security Trust meeting

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

reimbursement for meeting attendance expense -
12/16/2004 - 290.19

12.b. Amount.

\$290